

Date: June 15, 2011

CRITERIA FOR PRIOR AUTHORIZATION

Hydroxyprogesterone Caproate (Makena®)

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug requires prior authorization.
Hydroxyprogesterone Caproate (Makena®)

CRITERIA for hydroxyprogesterone caproate: (must meet all of the following)

- Patient must have a singleton pregnancy
- Patient must have a history of singleton spontaneous preterm birth.
- Patient must be 16 years of age or older.
- Treatment must begin between 16 weeks, 0 days and 20 weeks, 6 days of gestation.
- Treatment must stop at week 37 (through 36 weeks, 6 days) gestation or delivery, whichever occurs first.

Prior authorization may be approved for ***up to 21 weeks***.

Limit one (1) vial every five (5) weeks with a total quantity limit of five (5) vials per pregnancy.

Drug Utilization Review Committee Director

Date

Pharmacy Program Manager,
Kansas Health Policy Authority

Date